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American Homoeopathist

Chronic Entero-colitis.

Dr. J. W. P. Smithwick of Lagrange, N. C. (*Miss. Medical Record*) reports, among others, this case of chronic entero-colitis, which serves well to illustrate the method of treatment which he has found very successful in his practice :

B. T., aged forty-three, a farmer by occupation, had been troubled for the past six years with a diarrhea which at times caused him very little trouble, but usually a great deal of distress. He had become very emaciated, in spite of the fact that his appetite was fairly good. Sometimes, a short while after eating, he would be seized with very severe and cramping pains, and would have several evacuations of the bowels during an hour. The evacuations consisted of a great deal of mucus, and not infrequently of a small quantity of blood, and were accompanied by severe pain and tenesmus. He complained of no symptoms indicating stomach trouble ; it was all in the bowels. I advised a suitable diet, and prescribed remedies, which had the effect, however, of only ameliorating the symptoms during their use. Almost despairing of any treatment giving permanent relief, I prescribed tannigen in 10-grain doses, to be taken every four hours, and directed him to observe the prescribed diet carefully. In three days' time he reported that he was feeling considerably better, and that the passages were assuming a more healthy appearance, and that the amount of mucus contained in them had decreased materially. The administration of the drug was continued, and in four weeks' time he was discharged perfectly well, having gained several pounds in weight. It has now been over a year since he was discharged, and he is now in good health.

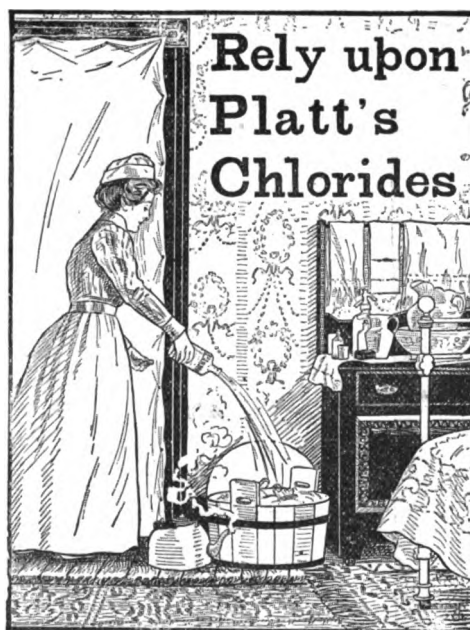
♦ ♦

The Effect of Codeine.

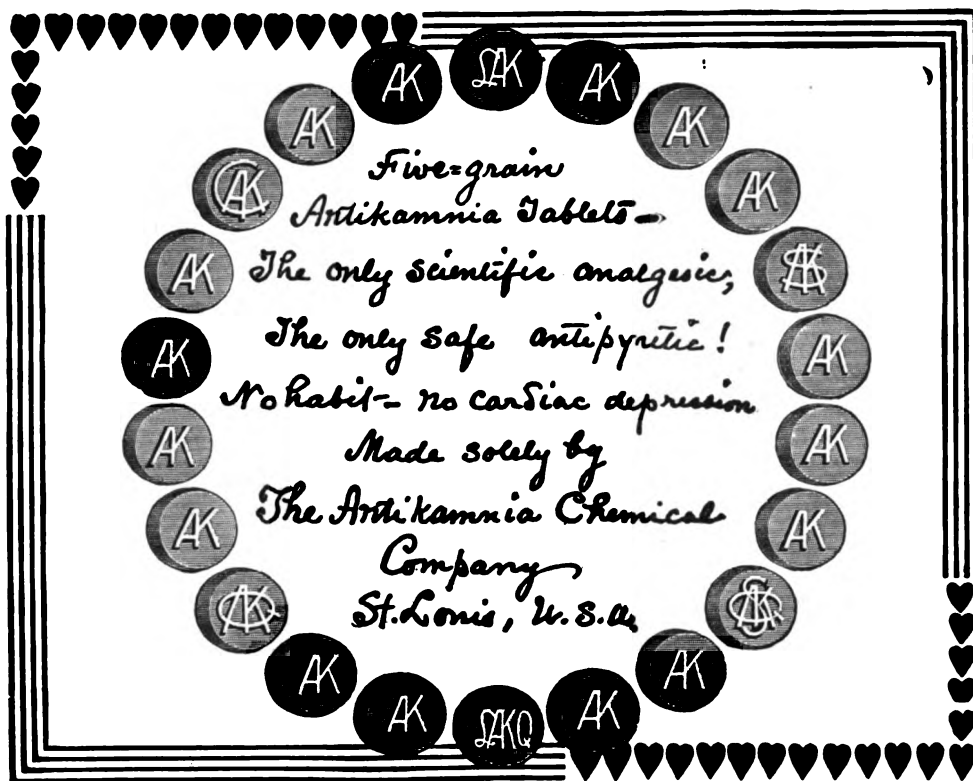
The *Medical Record* (March 3, 1900) quotes the following from an article by Dr. G. J. Lochboehler in the *Journal A. M. A.* (December 2, 1899) : In epidemic bronchitis codeine is a valuable remedy for the relief of the harassing pain of the cough, and when combined with one of the coal-tar antipyretics the analgesic effects become more pronounced. It is a favorite drug in the cough of phthisis and chronic bronchitis, and its sedative influence is highly satisfactory, clinical data having shown it to be the best succedaneum for opium. Another advantage of codeine over morphine derivatives, and one of special value in bronchial affections, is that the patients not only cough less, but also expectorate more easily, than after taking any of the morphine derivatives. The cough-dispelling power of codeine is such as to make it indispensable in phthisical patients, and a point of great importance in these cases is that it does not impair the appetite or digestion, never produces nausea, and can therefore be used uninterruptedly for months. For the many bronchial and laryngeal neuroses, the exhibition of codeine in combination with antikamnia (antikamnia and codeine tablets) meets with well-merited sanction.

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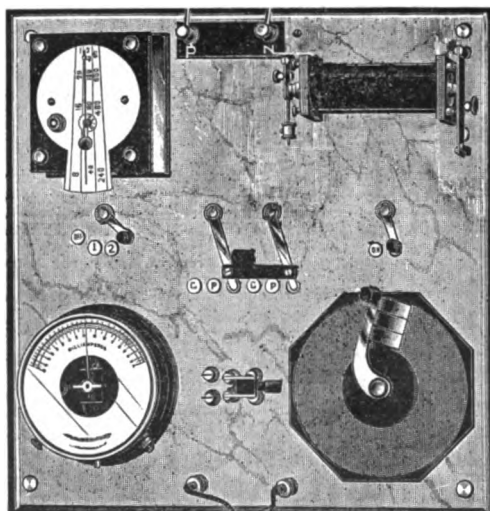
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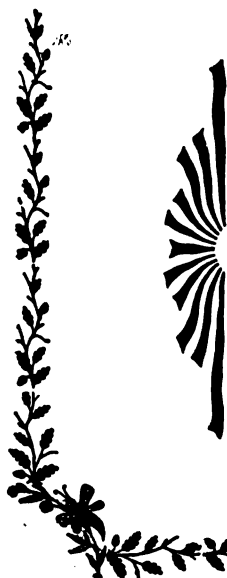
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The American Homeopathist.

OCTOBER 15, 1900.

FRANK KRAFT, M. D., CLEVELAND, OHIO, EDITOR.

OUR PORTRAITS.



CHARLES A. MITCHELL, M. D.,
New York.

AS TO NIAGARA FALLS.

THE editorial entitled "Niagara Falls Next Year?" appearing in our September 15 issue, was written on the Atlantic Ocean on our way to Liverpool about July 10, and was mailed to our publisher from Liverpool July 17. We mention this little detail in order to clear our skirts of having written an opposition editorial to one which has appeared, so we are now informed—for we are not honored with the exchange—in a July journal, whose editor seems to have pre-empted the rights and duties of the Executive Committee of the American Institute of Homeopathy, in that he has dared that Executive Committee to change the order for going to Niagara Falls; and has, of his own motion, engaged the International Hotel as our

meal *dépot*, and the opera house as our hall for declamatory and pharmaceutical exhibits and exercises. Indeed, our thought on the inadequacy of Niagara Falls as a point for taking the American Institute next year was discussed by ourself with a number of members while we were still in Washington.

We wrote as we did in the full conviction that Niagara Falls was not, and is not, the fittest place for tenting the masses of the American Institute next year. Even the most friendly adviser of this place cannot fail to see that if Buffalo, with its, practically, one hotel (of any dimensions), is unable to accommodate the hoped-for throngs attendant upon the Pan-American Exposition, then Niagara Falls will unquestionably be pressed into service as an overflow point or port. So it stands to reason that the Niagara hotels—and, pray, how many of them are there?—will be as crowded as any hostelry in Buffalo by reason of the Exposition crowds, long before the Institute goes on its annual junketing tour—unless, as may in all reasonable probability be the fact, the journal already referred to will still further relieve the Executive Committee of its other responsibilities and change the date of the Institute meeting. We live in a wonderful age, 'deed, an' we do! It is, further, most reasonable to assume, following our line of argument, that instead of receiving concessions from hotels and railways, by reason of our expected numbers, we will be happy to take any old thing in the way of a room, eat what may be set before us, and drink ditto—fly and all. It requires no blue print to make this clear to him who runs, as well as to him who has been at Niagara Falls before. It is the accepted order of things—to sell at an advanced price, when the market is in that quarter of the zodiac. We have but now returned from an exasperating trip to the Paris Exposition, with its fleecings and flayings, and the which followed us all the way down the Rhine, even into Lunnon-town, and we know, and so do the individual members of our late party, that the last place to visit, in the hope of quiet and comfort and ordinary—not extraordinary—

but, just ordinary comforts, and ice-water—an exposition city is of the farthestmost remove.

In order to make the matter plain, and remove what might seem a personal tang to the matter, we will say that two years ago the Imperial Council of the Mystic Shrine met in annual conclave in Buffalo. The particular Temple with which we are in affiliation was sent to Niagara Falls because the hotels in Buffalo, firstly, would make no concessions; and, secondly, because there was no room for us even at full fare. We can make this o'er-true tale short by saying that we spent three hours on the first morning in getting something to eat; that, instead of single rooms, or even single beds, as we were told our contract called for, we took rooms with three and four beds, and, in many instances, were compelled to sleep two in a bed. The railway facilities to Buffalo, at that time, were most primitive. It took us an hour to go and another hour to return. Adding this to the time spent waiting for something to eat, our days were lost and any enjoyment we had hoped for went a-glimmering—unless it was summed up in our hourly recitations of nouns with profane adjectives. Now, while there was a crowd in Buffalo at that time, it was nothing to what may reasonably be looked for during all the time of the Pan-American.

We have no quarrel with Niagara Falls or its courteous physicians: there are times when this waterfall-resort would be most eminently proper and suitable. But it is not so, or will not be so, next June or July. Every man or woman coming to Buffalo next year, in attendance upon the Pan-American, will be tempted by the overcrowded, cheapened excursions to visit the Falls, so that eating will be at a premium for them and ourselves.

There is nothing at Niagara Falls to tempt an Institute member this coming summer. Not one thing. No one has claimed that there is—except the Pan-American Exposition. There is no society of homeopathic physicians, resident or adjacent, to be benefited by the dropping of our "dough" into the coffers of any one large hotel, and hieing us away to the Pan-American exposition at Buffalo to see the show. Not one valid reason can be given for dragging the sedate and homeopathy-seeking American Institute into this out-of-the-way place, which has a reputation not of the most savory for dealing with the stranger within its gates. It will be a hotbed of unrest; it will be a *dépot* for constantly receiving and discharging dusty travelers, who will spend a few hours in noting the wonderful natural beauties for the first time, and then back again to Buffalo, to make way for other hordes of begrimed tourists to repeat the wondering act. Meanwhile our body of

physicians would have its hands full trying to keep open house! Isn't this true?

Nor have we any quarrel with our good brethren of Buffalo. We admire them all, personally and collectively. We sincerely hope and believe that the Pan-American will be a grand success, and we shall do all in our power to have the homeopathic membership visit there: but not as an annex to Niagara Falls; nor as a palpable feeder for the Buffalo Exposition. The American Institute of Homeopathy has not yet fallen to the depth of being a mere supply for a neighboring circus. Many crimes and misdemeanors have been laid at its door, but not this.

We trust the Executive Committee of the American Institute will carefully consider the whys and wherefores of this next meeting-place. Nay, we know they will do so, without fear or favor. They are built that way. There isn't a jelly-fish backbone among them. To take the Institute to Niagara Falls, and there receive the treatment inevitably attending an exposition time and an exposition public, will draw upon their devoted heads more obloquy than a half-century of good deeds can erase. They will not forget that the American Institute is not in the most popular condition at the present time. There is a good deal of grumbling along the line. Many charges have been made, among others wholly professional, this that we are rapidly tending toward the namby-pamby existence of a mere social club. There is much work ahead for the future Dakes and Talbots and Mitchells to keep us in line, and have in constant view that chief purpose for which we were formed. The comfort and convenience of the Institute **MUST** be the first intention of every one of its officers; and added to that must be the pregnant fact of labors which may not be interrupted by gala occasions in the same village, or in the adjacent township, section, and range. If pleasure and business may be so blended at Niagara Falls that neither shall interfere with the other, then let it be Niagara Falls.

We doubt not that of the present Executive Committee some were present at the last meeting of the Institute at Niagara Falls, when there was nothing unusual going on in that village, and no counter attraction at Buffalo to detract from or decimate the Institute work. Do these older members remember what kind of meeting we had? Do they recall that it was at Niagara Falls the Institute banquet was killed so awfully dead that it has never since shown its head? Do they remember why?

In our former editorial we recommended Saratoga. This was possibly ill-advised. We were writing on the ocean, without map or cir-

cular to guide us. We referred to Saratoga because it is in New York, in the very center of homeopathy's most powerful members; because it is a most lovable place, being a springs and watering-place—since water *must* enter into the make-up this coming year for an Institute meeting-place; because it is filled with excellent, first-class hotels, many boarding places, cottages, and the like—to accommodate the young man from the ranks whom the Institute needs and must have—who is not yet an adept in technique and has not been chairman of a half-dozen bureaus in as many years. But any other point in New York will doubtlessly suit the membership, where quiet may be looked for and received; where our deliberations will meet the newspaper press—as they cannot at Niagara Falls or Buffalo during the crowded condition of the press; and where there will be a central point for gathering the clans. And yet, as we said formerly, we have no intention of fighting the Executive Committee of the American Institute of Homeopathy. If in their wisdom they deem it best to billet us at Niagara Falls, we shall cheerfully concur; and we promise most faithfully not to assume dictatorial powers and strip them of the last remnant of their *toga virile*—the few remaining privileges and prerogatives—and adjust the diurnal revolutions of earth and solar system to accord with *our* conception of the eternal fitness of things.

♦ ♦

Materia Medica Miscellany.

Conducted by J. WILFORD ALLEN, M. D., 110 West 12th Street, New York.

References in this department are made by number. See issue of January 1 or December 15 of each year.

Chelidonium and the Respiratory System.

Neatby" says the action of chelidonium on the respiratory system is of great interest on account of the well-known relation of the drug to pneumonia—a relation fully explained by the pathogenesis of the drug.

Pains in the chest are of not infrequent occurrence in the provings. We find deep-seated pain in the whole of the right chest and shoulder, without cough, but with embarrassed respiration; very violent, compressive pain, deep in the chest, toward the vertebræ; painful tension all round base of thorax on deep inspiration; violent pain in the sternum at each inspiration;

stitches in the chest (right side), compelling short breathing; has to draw her breath slowly and cautiously on account of pain; shooting, jerking pains somewhat to the right, from the lower part of the sternum right through to the back, aggravated by movement and inspiration; violent pain on the right side in the region of the seventh and eighth ribs, worse by movement and inspiration, these ribs being painful to touch the following day on both sides, though the right was the worse; pain in right shoulder blade worse on inspiration and on moving right arm; violent stitches on lower part of the thorax, on right side, on inspiring, worse by movement and coughing; drawing pains from the lower side of the sternum on the right as far as the spine; pain like a wound in lower part of thorax on the right, so that mere contact of clothes increases it; pain behind sternum, especially perceptible on holding in breath; pressure and restriction from the right shoulder blade spreading through the chest toward the sternum; fixed pain, as if raw, in the left lung (which had been inflamed four months 'previously'), worse on deep inspiration; coughing or sneezing; tensive pain in the sides of the chest.

The cough varies. We find frequent dry cough; tickling in larynx, and short, dry cough; severe fit of coughing without expectoration; violent and slightly spasmodic cough; expectoration of mucus; hawking up lumps of phlegm; irritation of larynx causing cough, became so bad in the evening as to produce lachrymation; coughing, with painful contraction of the abdomen; hoarseness, with dry cough, which at times brought up lumps of mucus.

Dyspnœa and oppression of the chest are very conspicuous among the effects of chelidonium. We find embarrassed respiration, especially while reading; a "sudden fit of asthma" during urination—can only breathe quickly and with exertion, as if he must choke with anguish; dyspnœa, with longing for fresh air in order to breathe more easily; on waking, pressure on chest and constriction—he cannot draw in enough breath at each inspiration, and therefore soon expels the air to inspire more, but a few very deep inspirations relieve this distress; loud-toned, rapid, whistling respiration during sleep; tightness of chest, as if compressed by a cuirass;

violent pain at every breath all round lower angles of shoulder [blades; obliged to sit upright and cannot move, because it makes the pain in the chest intolerable; dyspnœa from a sensation as if the throat were swollen; oppression and dyspnœa, as if, breast were tied together and she could not breathe.

One prover experienced a sense of determination of blood toward the chest.

Phosphorus.

According to *Treatment*, an old-school medical journal, we should be none the poorer if phosphorus were to be banished from our pharmacopœias. It has disappointed everybody who has tried it, and it is too dangerous a drug to be put into the hands of lay persons in poisonous quantities, as one is obliged to do in out-patient practice, where it is usual to dispense a week's or a fortnight's supply. If phosphorus is to be prescribed at all, the patient taking it should be admitted as an in-patient, or be seen frequently. This seems to be the only lesson which can be learned from the unfortunate case of poisoning in a baby recently reported by Dr. Koplik in *Pediatrics*.

[If the editor of *Treatment* will borrow a homeopathic materia medica, and after reading the chapter on phosphorus will give the drug according to the indications there given, he will never have a case of phos. poisoning; and, after a little experience with the drug, he will come to the opinion that we would be very much poorer if phos. were banished from our pharmacopœias.]

Dangerous Remedies.

The increasing number of deaths caused by sulphonal and trional have made a considerable stir in the profession. Dr. H. C. Wood, Jr., "the well-known authority in therapeutics, has issued a warning, based on a thorough study of the poisonous effects of these two drugs. He says that the increasing frequency of chronic sulphonal poisoning has made only too many physicians practically familiar with the symptoms of this fatal intoxication. The first signs are, unfortunately, so unsuggestive as to often escape notice until the patient's death-warrant is read in the blood-red urine.

These premonitory symptoms of nausea, gen-

eral lassitude, and weakness, diarrhea, or constipation, which, if understood, might serve as a warning in vigorous subjects, do not occur in neurasthenic women, the very class which furnished the majority of poisoning cases, and attract the attention of physicians.

In advanced stages there is a greater uniformity in the symptoms. Colicky pains, vomiting, and absolute constipation—which is difficult to overcome by the most heroic measures. There are grave changes in the nervous system. The weakness becomes a paralysis, sometimes more or less general, but usually confined to small groups of muscles. There is pronounced ataxia of legs and arms, and finally the port-wine urine, due to hematorporphyrine, of high acidity, and later albuminous.

The symptoms of trional poisoning, while not less dangerous, are more insidious than those of sulphonal, and are less apt to be observed until its effects are irremediable. They resemble those caused by sulphonal, but with certain differences, and usually occur in the following order: Headache, giddiness, staggering gait, and paralysis, even to loss of control of sphincters, and almost loss of power of motion.

Of twenty cases of sulphonal poisoning reported, seventeen had a fatal termination. In nine cases of trional poisoning, three died.

[Physicians of all schools can take warning from the above statement. While we have such drugs as ambra, cham., bell., coffea, hyos., etc., there is no need of turning to sulphonal or trional.]

Cratægus.

Dr. Reilly of Fulton, Mo., in the *Medical Arena*, says: The symptoms calling for *cratægus* are, as well as my observation can estimate, as follows:

Mental.—Apprehension, despondency, and general mental depression.

Chest.—Oppression of the breathing. Extreme dyspnœa on least exertion; cough dry or with expectoration of glairy mucus. Sometimes pain in region of heart.

Heart.—Usually more or less dilated, first sound absent or weak. Pulse rate very much accelerated, irregular, and intermittent. Mitral regurgitant murmur.

Digestion.—Usually a nervous indigestion, with constipation from inertia of the lower bowel. Appetite very capricious.

Nervous.—Usually very nervous and irritable, with pain in back of neck and head. Extreme exhaustion from least exertion, mental or physical.

Urinary Analysis.—Albumen and excess of phosphates.

Limbs.—Œdema of hands and feet, with great weakness.

All symptoms worse from exercise in a warm room and from mental exertion. Better from fresh air, quiet, and rest, mental and physical.

As before mentioned, I have never seen a proving of *cratægus*, and as a consequence the symptoms herein collated are gathered from the successful clinical exhibition of the drug in about one hundred cases, and extending over a time limit of over two years.

These are the symptoms in only those cases that were relieved by *cratægus*.

I hope that we may soon have a full and reliable proving of this most valuable remedy, and my opinion is that it will occupy a prominent place in our armamentarium in the treatment of nervous conditions of the heart and digestion.

Pernanganate of Potassium as an Antidote.

The powerful oxidizing properties of permanganate of potassium have rendered it valuable as an antiseptic and disinfectant, but its properties as an antidote for various poisons are not so generally known. It has been prescribed with success by Bokai and other physicians in the case of phosphorus, which it transforms into orthophosphoric acid. It has been used by Autail for oxalic and hydrocyanic acids and their salts, as well as for strychnine and other vegetable alkaloids. Pyle Koemer has employed it in the case of poisoning by opium, and Lacerda for serpent bites and those of venomous insects, spiders, etc. Several years ago the physician Hugoneng showed its action against atropin, aconitin, caffeine, cocainin, etc. In a recent work an Italian physician, Paratore, has remarked its effect upon the vegetable alkaloids, such as nicotine and aconitin, and also upon the vegetable poison curare. He has studied its

action in cases of poisoning by strychnine, comparing it with the usual antidote, such as tannin and odine. As a result of his researches he finds that the permanganate is superior to others, whether employed in direct injection or in cleansing of the stomach.

Pathogenetic Action of Cyanide of Mercury.

GENERAL SYMPTOMS.—Extreme feebleness; tremor; swooning; faintings; fatal fainting; cold throughout; icy coldness; general coldness and nausea.

Skin.—Hot, slight moisture; moisture with icy coldness.

Head.—Atrocious headache.

Fever.—Pulse small, compressible; 70–76, 96, 100; slow; of high tension, small, feeble, accelerated, thready; nocturnal fever, with sleeplessness and pains in the head.

Mental.—Great excitement; fits of passion; fury; talkativeness; indifference.

Eyes.—Sunken; conjunctivæ injected.

Face.—Pale; facies hippocratica; slight cyanosis.

Teeth.—Painful; gums swollen, covered with a whitish adherent pellicle below which there is livid engorgement.

Mouth, Tongue, and Lips.—Lower surface of the cheek sprinkled with ulcerations, which are covered with a grayish-white pulp. On the inner surface of the right cheek is a circular ulceration, with grayish base and undermined edges, surrounded by bright redness; mouth covered with ulcerations which have a gray membrane; tongue pale; at the base of the tongue a yellow patch. The base of the tongue is red at the edges, and is covered by a closely adherent gray layer; the mucous membrane is red and tufty; free salivation; astringent taste; very disagreeable metallic taste; fetor of the breath; pain and swelling of the salivary glands.

Throat.—Roughness in the throat; pain; deglutition difficult; lower part of the pharynx red and tufty; swelling of the pharynx, with little spots of light gray; white, opalescent membranes on the pillars of the palate and on the tonsils; gray membranous ulcerations on the tonsils and the velum palati.

Stomach.—Nausea; vomiting; vomiting of

substances mixed with blood; bilious vomiting; sense of heat; tenderness to pressure; hiccough; persistent and painful hiccough.

Abdomen.—Painful; tender to pressure; colic.

Anus and Stools.—Constipation; diarrhea, alternating with constipation; liquid stools, preceded by colic; black stools, liquid and fetid; frequent liquid stools; bloody stools; motions of pure black blood; frequent desire for stool, which is preceded and accompanied by tenesmus; stools with tenesmus; pains in and around the anus while seated; intolerable pain in the rectum; circumference of the anus swollen, tender, and slightly red; frequent and abundant anal hemorrhage; small hemorrhoidal swellings; mamillary swelling of the mucous membrane; diphtheritic membrane around the anus; erosions; discharge of fetid liquid with a gangrenous odor; purulent exudation.

Urine.—Scanty and clear; scanty and deeply colored; diminished; suppressed; micturition painful.

Limbs.—Slight convulsive movements of the lower extremities; phlebitis in the left calf.

Heart.—Contractions strong, well marked; beats violent and abrupt.



FERRUM MET.

By L. C. SAMMONS, M. D., Shelbyville, Ind.

IF any are in doubt concerning the efficacy of potentized remedies, they should try ferrum met. and note the results. The results of this remarkable remedy are deep and lasting.

The writer was led to try its value not long ago in the higher attenuations, and at that time did not believe in such infinitesimals, and considered the assertions of prominent prescribers of the higher attenuations and the brilliant results obtained from their use as the merest fancy.

Having since had a number of opportunities to test it, will say that results have proven it to be a wonderful remedy when given in this form, and of exceeding value in the treatment of chronic diseases.

When one considers the fact that iron colors the blood-corpuscles red, carries oxygen to all parts of the body and thus furnishes the vital

force that sustains life, we can readily understand its significance.

Without a proper balance of iron in the blood health cannot be maintained. The circulation is increased, for the blood tries to carry enough oxygen to all the tissues of the body with the limited amount of iron at hand, and in order to do so must move rapidly—this increased motion being changed to heat (fever).

The action of iron in the crude state is impaired or practically *nil*; but why I cannot say. But a theory has been advanced that when given lower than the 6x potency it acts as an irritant, and the absorbent quality of the glands along the alimentary canal repel it and it is rejected as a foreign substance, while the higher attenuations pass through every fiber and tendon in the system.

However true this may be, experience teaches that the higher one uses ferrum met. the more powerful it is in action; until the question arises: Can it be sufficiently subdivided to lose its dynamic force? Here a doubt may be expressed, for its action in the thousandths, when indicated, gives speedy and satisfactory results. And if taken by a healthy person for any length of time, a train of symptoms is produced strong enough to convince the most skeptical that it is a powerful drug.

There is a rush of blood to the brain. Cerebritis, dizziness, wildness, and madness. The eyes are red, with burning pain; bloody, purulent, greenish discharge from the nose in anæmic patients, with fiery redness of the face.

One case in particular which came under my observation, and upon which ferrum was being used, was a case of pernicious anæmia in a man aged fifty, who had gone through the hands of several old-school physicians, who, to express it in his own words, had given him enough iron to build a stove. He was placed on ferrum 30th, and in two weeks was out of bed and able to be about the house.

This is one of the many cases where the higher potencies of ferrum have been administered, and in nearly every one the patient after taking the medicine was benefited.

It is sufficient proof of the action of the remedy and of the higher potencies; and if any doubt exists as to its efficacy, I cannot but im-

press upon the minds of all that ferrum met. will cure where the leading symptoms are rush of blood to the head; hammering, beating pains in the head; fiery redness of the face; vomiting of food immediately after eating or at 12 P. M.; and in anæmia there is often soreness of the abdominal walls, caused by dilatation of blood vessels.

For ferrum acts pre-eminently upon the blood vessels, dilating them by diminishing the action of the vaso-motor nerves; hence you find a full, yielding pulse.

Give it in a potency, and you will make some brilliant cures.

Another place where you will find ferrum of exceeding value is in tuberculosis, here rivaling the well-known phosphorus. It has oppression of the chest, hard efforts to breathe, epistaxis, cough dry and teasing; bruised sore feeling in the chest; and aching in the occiput.



MATERIA MEDICA QUESTIONS.

By E. FORNIAS, M. D., Philadelphia.

Give the croup of bromine.

Child suddenly arouses from sleep, as if choking. Gasps for breath, with wheezing and rattling. A drink of water relieves. Deep, forcible inspiration from time to time. Breathing as though through a sponge. Coughs night and day, sounds loose, but no expectoration. Affection has an upward tendency. Light hair and blue eyes.

Give the throat symptoms of belladonna.

Dryness and soreness of roof of mouth and fauces. Constant attempt at deglutition with a feeling of narrowness and constriction, as if nothing would pass down. Internal swelling worse on swallowing and on external touch. Throat feels raw, as if scraped, and looks very red and shining. Tonsillitis worse right side and on swallowing liquids. Spasm of throat on swallowing or drinking, causing the return of fluids through the nose (lach., merc.). Violent sticking on swallowing.

Give the baryta carb. child.

Scrofulous child, with enlarged indurated glands (calc., iod.), especially cervical.

Dwarfish, emaciated (opi.), with large abdomen and bloated face; scurfs on head, ears, and nose (graph.); inflamed eyes and opaque cornea, especially if tonsils are affected by least cold. Memory deficient; cannot be taught, for it cannot remember. Idiocy; sits in a corner idle, does not want to play; laughs in a silly way when spoken to.

Give the febrile symptoms of belladonna.

Intense forms of fevers, with marked cerebral excitement; or when the pulse and heat run high, with flushed face, throbbing carotids, dilated pupils, strawberry tongue, sore throat, and a full, hard pulse. The skin is moist and very hot, imparting a burning sensation to the examining hand. Cold limbs and hot head. Face and head bathed in a sweat. Violent delirium. Bites and strikes those around or desires to escape. Easily aroused by the slightest touch, as the jar of the bed; starts in sleep and cries out as if terrified. Intense headache; photophobia, convulsions, and aversion to uncover.

Give the borax child.

Ill-nourished state of body, hence aphthæ in mouth. Child grows pale. Clay-colored face, soft and flabby; very nervous; the least noise startles or awakens him in a fright, then cries much, clings to something as if afraid of falling. Cannot bear a downward motion. Refuses breast on account of sore mouth, and does not thrive. Stools watery and brown or light yellow, slimy, green; painless.

Give the aphthæ of borax.

Child refuses breast, showing signs of pain when nursing. Aphthæ in mouth or inner surface of cheek, bleeding easily; with great haste, heat and dryness of mouth. Red blisters on the tongue, as if eroded. Fore part of palate is shriveled, as if burnt. Every motion of tongue causes pain. Urine of pungent smell; passed frequently, and preceded by screams and cries.

Give the paralysis of gelsemium.

Paralysis of motor and sensory nerves, both voluntary and involuntary muscles. Motor more than sensory.



HAHNEMANN MONUMENT, PARIS.

THE MEDICAL LIBRARY.

Periodic Respiration.

Alexander McAlldowie, M. D., has had printed his inaugural address delivered by the author as President of the Medical Association at its annual meeting held November, 1898. It is a clinical study of Cheyne-Stokes breathing and the allied forms of periodic respiration, based upon forty-nine cases that have occurred in the author's practice. The author discards the name "Cheyne-Stokes respiration" in favor of the term "periodic respiration," because he believes that all the varieties of intermittent breathing are physiologically identical. There are, however, functional disturbances of respiration which, although periodic, have not the Cheyne-Stokes rhythm, and are not associated, as far as we are aware, with the secondary phenomena—as, for example, the variations in the size of the pupil which characterize this, the best known form of spaced breathing. Exception is also taken by the author to the term "dyspnoëic phase," in conjunction with the apnoëic phase, of the respiratory cycle, and it must be admitted with considerable force. The author bases this objection chiefly on the grounds that there are no signs of early asphyxia with the "dyspnoëa," the expiratory portion of each respiration being as large as the inspiratory, and that he failed to restore the natural rhythm by the transfusion of blood or normal saline solution, or by the administration of oxygen. He maintains, in short, that the respiratory disturbance is primarily nervous, and is not due to an excess of carbonic acid in the blood, and therefore suggests that the term "hyperpnoëa" is preferable.

He quotes some of the almost innumerable theories that have been advanced in explanation of the phenomena, and formulates one of his own, this is that the condition is due to a relaxation of the controlling influence of the highest level centers (following the doctrine of Hughlings Jackson) with a corresponding disorder of dissolution in the respiratory nervous mechanisms of the middle level, the different phases depending on the alternate augmentation and neutralization of successive respiratory nerve waves from the coinciding of their crests, or the reverse. We gather that Dr. McAlldowie considers that this intermittent respiration is invariably pathological, and can be

studied only from the clinical standpoint. But a periodic respiration occurs in the newly born of some mammals, and in hibernating animals; it may occur also in so-called functional or hysterical states, and it has, we believe, been produced experimentally.

As a contribution to our knowledge of the subject, the value of this book is due not so much to the theoretical considerations which it contains, although they are highly philosophical and closely reasoned, but to its well-observed and well-recorded clinical facts. It is a good illustration of the great advantage which the general practitioner has over the consultant in seeing the earlier stages of disease.

Zur Loesung des Problems Der Heilbarkeit der Lungentuberculose.

This is claimed to be a contribution towards solving the question of the curability of phthisis, by Dr. Carossa. Von Ziemssen once ventured to prophesy that a "specific" would never be found for tuberculosis. Dr. Carossa, however, is bolder, or more credulous, for he believes that he has found, in a combination of pilocarpin and eugastrin (the active principle of *condurango*), an unfailing remedy for phthisis. The eugastrin prevents the gastric disturbances which pilocarpin alone sets up. The specific should only be given (we are not told in what dose) when the patient is lying down, and should be administered for from four to seven months. Relapses after apparent cure are not uncommon. This "cure" may advantageously be combined with the "open-air cure," but appears to be incompatible with the "cold-bath cure." Warm baths, fortunately, are not contraindicated. Under the benign influence of pilocarpin extensive tuberculous areas, we are assured, clear up in a few days' time. In one case, that of a patient who had a right apical dullness for four years, the dullness disappeared in a fortnight.

Dr. Carossa does not consider the presence or absence of tubercle bacilli as of much importance in reference to prognosis, nor to diagnosis apparently, for he finds that they disappear with the dullness and expectoration.

When we hear of numerous cases of phthisis, all tuberculous, all rapidly cured by the administration of pilocarpin, we cannot but be reminded, without being morbidly skepti-

cal, of the reply given by the gentleman who was informed that a friend always caught cold after eating walnuts: "If true, curious."

**Pelvic Inflammation:
Treatment Through the Vagina.**

As Dr. William R. Pryor very truly says in his preface, there exists the utmost confusion in the profession at the present day regarding the most successful means of treating pelvic inflammations. Any attempt, therefore, to increase our knowledge of this important subject, and at the same time to render the principles of its treatment more certain, is to be welcomed.

The author of this book may well be called an enthusiast for the treatment of such cases of pelvic disease as require operation by the vaginal route, and there is certainly much to be said for this view. In considering endometritis great stress is laid upon the importance of determining whether the discharge is purulent or non-purulent, and the immediate necessity, if it be purulent, of checking it. The latency of gonorrheal and septic endocervicitis and the fact that either form may exist without producing pathological discharges must be constantly before the mind of the physician when he wishes to use the sound or to operate upon the cervix. In cases of acute septic endometritis irrigation of the uterus with a quart of Thiersch's solution, to be followed by three quarts of boric-acid solution, is recommended, the irrigation to be repeated in twelve hours if necessary. If after two days the local and general symptoms do not improve, extension to the adnexa is to be feared. In cases of puerperal infection if four hours after the injection the temperature is not normal, the uterus is again irrigated, and packed with iodoform gauze. If twenty-four hours after the treatment fever is still present the uterus is curetted and packed with iodoform gauze.

In all cases of sepsis where curettage is performed because milder measures have failed to relieve, the pouch of Douglas is opened at the same time. This operation consists in opening the peritoneal cul-de-sac, separating with the fingers any adhesions that may have already formed about the appendages, and filling up the pelvis to the level of the fallopian tubes with strips of iodoform gauze. The vaginal and uterine plugs are removed after three days, while the pelvic dressing is taken out after seven days and replaced by fresh gauze. This dressing is renewed every four to seven days until the wound closes. Large

quantities of muddy serum drain away through the gauze, and, when necessary, the patient is given hypodermic injections of strychnine and rectal injections of salt solution.

As a result of bacteriological examination the author has found that whenever streptococci have been present, and even when the peritoneal cavity contained pus, the dressings have absolutely sterilized the operation field. This result is usually accomplished by the third dressing. Curettage is recommended for cases of acute gonorrheal endometritis, whether seen early or late. The descriptions given of the various forms of pelvic inflammation are good and clear. Dr. Pryor differs from most gynecologists in refusing to recognize the condition usually described as pelvic cellulitis, although he describes broad ligament abscess, which is supposed to be the result of such a cellulitis.

The practice of applying strong caustics or antiseptics to the interior of the uterus after curettage is strongly condemned. The operation of vaginal section as practiced by him is believed by the author to overcome the two chief difficulties in exploring the pelvic organs through the vagina—viz., the presence of the uterus and the prolapse of the intestines. The operation is performed as follows: After opening Douglas' pouch by an incision through the mucous membrane and perforation of the peritoneum with the finger, the patient is placed in Trendelenburg's position. A careful digital exploration of the pelvic viscera is now made. After wiping the pelvis free from blood, a visual inspection is carried out. The vagina and posterior edge of the incision are drawn backward by a Péan's retractor, and a Péan-Pryor trowel is inserted behind the uterus. By this means the uterus is pushed up behind the symphysis pubis and out of the pelvic cavity, and by manipulation of the trowel the adnexa of first one side and then the other are readily brought into view and can be dealt with. This method of vaginal exploration is satisfactory in all forms of adnexal inflammation and ovarian neoplasms. The only two conditions recognized by the author as contra-indications are an ectopic gestation which has ruptured into the broad ligament and intra-ligamentous fibroid tumors. He concludes that the operation is far preferable in cases suitable for its employment to both abdominal section and anterior colpotomy. The ease and certainty with which the pelvic organs can be explored by this variety of vaginal section enable an operator to

treat a much larger number of cases by conservative measures than was formerly the case, and Dr. Pryor utters a very strong plea for such treatment in all cases that offer a chance of success. The pathological conditions for which Dr. Pryor usually does a radical operation are as follows: diffuse pelvic suppuration; genital sclerosis; puerperal pyosalpinx in women over thirty years of age; relapses after conservative operations; uterine tuberculosis; chronic metritis with infected ligatures after abdominal operations; abdominal sinus left after coeliotomy; ruptured ectopic gestation; or unruptured and associated with adnexal disease on the opposite side; and small bilateral ovarian cystomata. He occasionally performs a palliative operation in diffuse pelvic suppuration, ovarian abscess, and cases of pelvic suppuration where the general symptoms are too grave to warrant an immediate ablation. For other pelvic conditions he usually employs conservative measures. The method of performing vaginal ablation en masse, vaginal ablation with hemisection of the uterus ("division of the difficulties by division of the uterus," as the author happily puts it), and vaginal ablation with morcellation, are all fully and clearly described.

A Manual of Gynecological Practice.

Dr. A. Dührssen has now practiced his operation of vaginal coeliotomy in five hundred cases with a mortality of three per cent. The operation is undoubtedly one of great value in suitable cases, but it is, owing to anatomical considerations, limited to a relatively small sphere, and is only applicable to those cases where the cervix can be drawn down to the vulva. The method of opening Douglas' pouch is objected to on account of the frequency with which it is followed by the formation of perimetritic adhesions and the danger of causing laceration of the bladder if forcible retroflexion of the uterus be carried out.

In the treatment of cases of genital atresia with hematosalpinx, salpingotomy is recommended. Fuld's researches have shown that the simple vaginal operation is attended by a mortality of at least seventy per cent. (thirty-nine deaths in fifty-six cases). As an alternative to amputation of the cervix in cases of chronic metritis Professor Dührssen has devised the method of removing a wedge-shaped piece from the whole anterior cervical wall after opening the anterior vaginal fornix. By this operation a normal slender cervix is

obtained which later cicatricial contraction will not alter. The danger of the occurrence of posterior parametritis and perimetritis which so commonly follows the ordinary method of amputation is also avoided.

Vaginal fixation for cases of retroflexion of the uterus requiring surgical treatment is an operation which the author has done much to popularize, and he is now able to publish the results of six hundred cases treated in this way. Certain modifications have been carried out in the technique of the operation in order to avoid the occurrence of grave disturbances in labor, in the event of the patients becoming pregnant. These consist in passing only one fixation thread and in separate suture of the peritoneal opening. The vaginal fornix is laid open by an inverted T incision, and the peritoneum by a sagittal one. The fixation suture is passed through the vaginal wall and peritoneum at the upper end of the peritoneal opening. The peritoneum is closed by a continuous catgut suture, and then the vaginal wound is closed in the ordinary manner. In this way a purely serous adhesion is formed with the fundus, and this stretches readily if pregnancy occurs. In considering the operative treatment of fibroid tumor of the uterus vaginal coelio-myomectomy is recommended for small tumors. This aims at preserving the uterus and adnexa, and consists in the extraction of the uterus through the opened anterior vaginal fornix and the removal or enucleation of the myomata according as they are sub-serous or interstitial or sub-mucous. This operation is said by the author to be not more dangerous than curettage. In the treatment of large fibroid tumors supra-vaginal amputation of the uterus is preferred to total extirpation, and in cases of hemorrhage where operation is contra-indicated, Professor Dührssen would try the effect of steam applied to the endometrium, a method of treatment which is often followed by permanent and good results.

Besieged By the Boers.

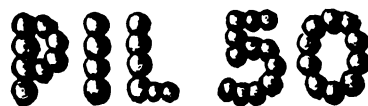
This is a diary of life and events in Kimberley during the siege, by E. Oliver Ashe, M. D.

The writer is one of the leading medical practitioners of Kimberley, and is surgeon to the hospital there. He remained quietly at his post throughout the siege, doing with his might the work that lay nearest to his hand, and withal finding time to note day by day what he saw and heard and felt. This diary

was written, as the dedication of the book shows, solely for the eyes of his mother at home in England, without any notion of its being made public. Fortunately, however, it was lent to a well-known journalist, who was so struck by it that he strongly advised publication. There can be no doubt as to the soundness of this advice, for the diary is a most interesting document of the class known as *mémoires pour servir*. There is no attempt at "writing up" the scenes and sufferings, the incidents and emotions of the memorable siege. Dr. Ashe tells his story with a simple directness worth all the lurid word-painting of the literary impressionist. He tells us what the man in the street—and in the shelter—felt when shells were falling all about, wrecking houses, and now and then killing someone, but luckily, as a rule, doing little beyond making a hideous noise. In reading the diary we seem to hear the bugle sound the alarm when a shell was coming, and to see the people run to take shelter in the improvised forts which they had constructed in their back gardens, or crowding down out of harm's way into the bowels of the diamond mines. We share in the excitement of the hairbreadth 'scapes when shells strike a spot where someone has been standing a few minutes before, or go through the open window of an office just missing a man at work there, or fall under a sick woman's bed without exploding. We are moved by the tragedies which occur from time to time—babes killed in their mother's arms, children torn to pieces when sitting at breakfast, men slain in their bedrooms when dressing for dinner. As the siege goes on we become case-hardened, like the inhabitants of the besieged town, and think little of such trifles as stray shells. Dr. Ashe owns that he was badly scared, but the work had to be done, and he felt that if a shell were destined to hit him it would do so whether he were indoors or out-of-doors, and whether in a shelter or not; and so, though he did not try to get hit, he went about his work as usual and never missed a single office hour or visiting a single patient on account of the shells. And he thinks all the other doctors did the same. All honor to them for staying at the post of professional duty when they might, without the least reproach, have gone away! We share with them in the gradually diminishing rations; we dine off joints of horse and make believe we like it; and we make salads of casual weeds which grow in our gardens, left unwatered owing to the exigencies of the military situation. The "military situation," by

the way, is one of the few things that disturbed the philosophical serenity of Dr. Ashe's temper. He chafed under the multitudinous and often seemingly meaningless restrictions imposed by martial law. The reader comes to know the writer almost as a personal friend, and the quiet heroism and the pride in the devoted courage of his wife, who was with him all the time, which shine through the rough narrative can hardly fail to win the sympathies of the most stolid Briton.

Naturally enough, Dr. Ashe does not agree with Mr. Stead in looking upon the Boer as a brother; and he frankly rejoices when he is "potted." And it must be admitted that the Boer is not a heroic figure when seen at close quarters outside his intrenchments. He is treacherous and cowardly, firing at ambulance wagons regardless of the Red Cross, and not caring what havoc his shells may work among women and children. He is filthy in his habits, and even his boasted marksmanship is a delusion. He took care never to come within rifle-shot of Kimberley, and can only fight at long range and from behind cover. One redeeming feature in him was the scrupulous observance of the Sabbath Day. This gave the Kimberley folk a day of rest from shells. Dr. Ashe says the town is not composed of Sunday-school superintendents, and is, as a rule, rather bored by Sundays, but it found the Boer method of keeping the day holy the reverse of boring.



No Longer An American Home.

The American home is no longer a palace of love in the valley of peace, music, and laughter. The successful American man and his wife have apartments in some fashionable hotel or boarding-house. In summer the wife goes to the mountains or seashore for a change of air, and the husband stays at home and works for the money to pay his wife's summer bills, and creates his pleasures with free thought and license. Every law of earth and heaven whispers maternity—creation. Every religion, away back into the chaos of time, down to the Christian one of to-day, has made motherhood divine, sacred. The Hebrews of to-day crown a mother with the glory of man's greatest honor. The Catholic faith looks upon motherhood as the divine

blessing of God. The strong family ties of love and loyalty of the Hebrew race is the secret of their wonderful prosperity and strength in every community in which they live. It is the link which binds all Catholic families so closely together that no adversity, no trials, no shame can shadow their allegiance.—*Charlotte Medical Journal*.

[Alas, that this should be true! But unhappily it is, in the great majority of American homes. A barren wife, or one little chick, the result of curiosity or accident before the lesson was well learned. Look about you, gentlemen of the profession, and count the children in your best "families." Is it not your duty, both as a lover of your kind and as a patriotic American, to talk of this danger to your "barren" wives and their husbands? As matters socially now stand with the newly wedded, having a baby is played out. Let the foreign washwoman, and the other serving-women about our houses, have the babies. It is vulgar to be so awfully disfigured for many months, with all the suffering at the close.]

Is This Homeopathy?

Dr. W. A. Yingling of Superior, Kan., has been experimenting in connection with Dr. W. D. Gorton, with a very old-fashioned remedy put in homeopathic form. He has taken the juice of the peach, pear, plum, and apple, mixed with an equal amount of alcohol, macerated fourteen days, and potentized by hand to the zooth centesimal potency. Dr. Gorton afterwards potentized the zooth up to the C. M. potency. The keynote of this remedy is "sleepy indigestion or somnolent dyspepsia, a state of overwhelming drowsiness." Dr. Yingling has given the name *succus fruti* to the remedy, and claims that the results obtained from its use have been very gratifying.—*The Critique*.

[Dr. Yingling is a well-known contributor to homeopathic literature (of the unco-good kind) and is also the author of a repertory. If he has put *succus fruti* upon the homeopathic market, in any potency, from nothing up to and inclusive of the C. M. on the keynote indication of "sleepy indigestion, or somnolent dyspepsia, a state of overwhelming drowsiness," we are moved to ask if that is his conception of homeopathy—or his manner of applying the homeopathic totality, as taught by an elderly gentleman, long since gone to his grave, by name Hahnemann?]]

Book Reviews.

UROPOIETIC DISEASES. By BUKK G. CARLETON, M. D., author of "Genito-Urinary and Venereal Diseases," "Disorders of the Sexual Organs of Men," etc. Second Edition, revised and enlarged. Illustrated with thirty-three Photomicrographs and six Lucotype Figures. New York: Boericke & Runyon Co., 1900.

In the Preface to the Second Edition the author says that since the medical and surgical diseases of the kidneys and ureters have been included in this edition, the title has been changed to "Uropoietic Diseases." The size of the book has also been increased; though the additions have not made the work unwieldy, since they have been so masterfully incorporated with the original text that the blending and welding would not be visible save upon close comparison. This is a class of specialty with which the general practitioner is perhaps the most often in contact. It is, therefore, of prime importance that he shall be letter-perfect upon the subject, and be ready at any moment with the latest armamentarium with which our most advanced authors—and we count Dr. Carleton of this lot—has favored the profession. So far as the intrinsic value of the work is concerned, everything that could have been said was said about the first edition. The second edition calls for nothing additional except in the new matter which has been added. We are glad to note that Dr. Carleton has not grown so ultra-fashionable as to discard the term *Bright's disease*. He treats it respectfully, puts it in his index, and, then, when it is looked up, the searcher for quick, on-the-nail knowledge finds something that he can promptly lay hold on, with which to diagnose his waiting patient. We are well enough aware that Bright's disease covers a small multitude of kidney lesions; but that does not excuse the absence of the old-time term, and the mystification of the subject, until an ordinary general practitioner, who has been treating Bright's disease for years, after reading seventy or a hundred pages of *Nephritis*, doesn't know one form of lesion from another; and in desperation must send his kidney cases to the expert who writes the learned books. This re-

minds us to say that one of the charms of all of Carleton's books consists in his unlabored style. His English is always of the current kind—"the kind that keeps." He does not confuse the reader with chapters of has-been remedies and operations and nomenclature. He is a busy man himself, and his books are designed to bring quick help to any practitioner who consults his pages. He possesses the very happy faculty of telling his story in short sentences, and to the quivering point. His homeopathic therapeutics are classics. No homeopath need fear the treatment he advocates. The book is a wonderful exemplification of good business sense and practical application of homeopathy to a frequently appearing specialty in the practice of every busy physician. Yes, we like this newer book, and recommend it.

"The Dissemblers," by Thomas Cobb, in September number of *Lippincott's Monthly Magazine* is a charming little completed story which all our readers should read. It is full of action and brightness. There isn't a dull line in it from beginning to end. It moves along with the rapidity of a well-staged play. It contains only a few characters, but they keep at work; so that there are no long waits between the principal scenes. The story does not attempt to paint the color of the sky or the grass, or describe the beauty of person or apparel of any of its characters. It is simply a sweet love story, carried along on novel lines. Another *very* short story is the "Bishop and the Fool" written by a clergyman, who surprises his readers with a revelation of cowboy language and manners, and yet portrayed in such peaceful and eloquent way as to offend no one. Other stories are of the same lively, instructive nature—and there are those special things for which *Lippincott's* has been famous from the beginning. "Walnuts and Wine" is a department devoted to the latest humor, either in original packages or copied from contemporary magazines. These are usually followed by some of Goodes' characteristic pen-and-ink sketches which require no elaborate letterpress to explain the joke. The fire which created such fearful havoc in the printing-house of the Lippincotts has rather enhanced the value of

those publications of this firm with which we are acquainted. We do not wish to insinuate that the only way to roast a suckling pig is by burning down a house; but certainly the work put forth by this enterprising firm since the conflagration has been of an unusual order of excellence.

St. Nicholas is filled with the bright ideas of its St. Nicholas League. This doesn't mean, of course, that there is nothing in this popular magazine from older writers, but it does mean that the young man and young woman of America are making *St. Nicholas* a true young-man and young-woman's journal. It is of and for young people. Its initial story of the last issue gives a Fourth of July celebration by a young American in Ireland. As we have so repeatedly said, all the stories of this magazine are good for older folks. Indeed, there is hardly a story that we do not find time to read through with our children, and sometimes before they get the last issue. A charming journal, always welcome and always satisfying.

The October *Century* will present "A Plea for Fair Treatment" which is to be written by Minister Wu Ting Fang, and is a plea in behalf of his fellow-countrymen. This is to be one of several articles in this same magazine discussing the Chinese question, and it will doubtlessly tend in emancipating the average American from his preconceived notions touching this wonderful land of the East. In the hurry and excitement of war and rumors of war, many opinions are set in motion which a later and cooler consideration of the ascertained facts show to be highly, and, sometimes, criminally erroneous. There must be another side to this Chinese muddle. A people which has existed from time immemorial, to whom so many of our modern inventions can be traced, cannot be the benighted and heathenish populace which contemporary writers have sought to establish. "The Helmet of Navarre" will continue its stirring scenes. There is no sluggishness about this story. It moves along with almost incredible speed. There may be, to a modern reader, a trifle too much of sword and treachery; but if it is remembered that the story is laid in a

time when the sword was the arbiter-in-chief of all difficulties, then the rapidly changing scenes from one murder, and one attack with blood-results, to another and more ghastly attack, will not seem so terrible or overdrawn. It must be said, however, that the scenic effects are most perfect. That even in the scenes of swift carnage the action of the story is such as to ameliorate the horrible, and to leave only the fair and the just. It is a masterly story to find its way into print from the pen of a woman. The pictures which accompany it are graphic and good.

♦ ♦

Obituary.

CAPTAIN WILLIAM BOYCE, M. D.

THE death of this honored and well-known physician of Auburn, N. Y., upon August 17 last removes from our profession a man of sterling integrity, a successful practitioner, and a thoroughly good homeopath. We had the honor to know him personally, having met him for the first time in 1886 at the meeting in Saratoga of the International Homeopathic Association. We then found him a well-educated and well-drilled homeopath, and listened to his counsel with interest and profit. With two of his sons we were acquainted, and with one of these, Dr. Carroll O. Boyce, now at Marquette, Mich., we were room and deskmate, and also fellow-graduate. With the younger brother, Adolph Lippe Boyce, now in St. Louis, we had sufficient acquaintance to learn to esteem him most highly for his many estimable qualities and promises for the future. With the daughter of Dr. C. W. Boyce, Mrs. Markham, also at Marquette, we never had acquaintance, but we have known of her as a good physician and a faithful Hahnemannian. As one of our contemporary journals has said, Dr. Lippe lived to see his family all grown up and established in life. But the journal failed to add that the children with one exception are all homeopathic physicians, and of the better type at that. Dr. Boyce was a great friend of and believer in Carroll Dunham and Adolph Lippe, as is evident from the names given his two sons. Of late years very little has appeared in the journals from the pen of Dr. Boyce; but in

former years he was an active and aggressive contributor to the wealth of the homeopathic profession. But he had reached and passed the Scriptural age, and was content to let some other one carry on his part in the battle of life. He was weary, and laid him to rest. May it be sweet to him!

♦ ♦

Globules.

Dr. A. B. Norton of 16 West 45th Street, New York, notifies the profession that from and after October 1 he will give his whole attention to eyes.

Dr. James C. Wood has *not* resigned from the Cleveland Homeopathic Medical College; and Dr. Frank Kraft has *not* accepted any place upon the faculty of the same college.

The N. I. and S. M. Homeopathic Medical Association (nineteenth semi-annual meeting) was held in the Council Chamber of the Elkhart, Ind., City Hall, on Tuesday, October 9. The roster of bureau chairmen gave promise of some excellent homeopathic papulum.

The National Society of Electro-Therapists held their eighth annual meeting in Atlantic City, September 12 and 13, and decided, unanimously, hereafter to meet in conjunction with the O. O. and L. Society and Surgical Society of the American Institute. This is most gratifying, because it gives another feeder for the American Institute, as well as assuring for the "Electros" a better attendance. Dr. W. H. King of Washington is president, and Dr. Hills Cole of Hartford secretary.

We are indebted for the portrait-engraving of the Hahnemann monument at Paris to Dr. Bushrod W. James of Philadelphia, who was the American Committeeman appointed at the International Homeopathic Congress in London, in 1896, to devise ways and means of raising the body of Hahnemann from the obscure and neglected grave in Montmartre, and finding a fitting sepulture for it. This committee, as is now well-known, performed their labors with such expedition that the body was re-interred in Père Lachaise and the dedication of the monument, of which this engraving is a faithful

copy, took place in July, during the session of the recently adjourned International Homeopathic Congress.

Dr. W. T. Miller, of 122 Euclid Avenue, Cleveland, gives all his attention to surgical diseases of men and women. He holds a clinic at the hospital every Saturday morning.

Dr. James W. Ward's homeopathic classic "Why I Am a Homeopathic Physician" appears upon our table in the form of a very handsomely arranged, printed, and bound little reprint. As our readers will recall, this was Dr. Ward's presidential address delivered before the California Homeopathic State Medical Society, May 9, 1900. The paper was one of the finest presentations of the subject which it has been our good fortune to read for many years past. It gives us pleasure to note that this fine and masterly production has been reprinted in the (London) *Homeopathic Monthly Review*. We would gladly have done this; unhappily the policy of our journal is against continued papers, and this one would have required several issues for its full production. We again congratulate Dr. Ward upon his masterpiece.

Dr. H. W. Roby seems to have blossomed out latterly as the poet of the profession in the West. He has two long poems in one of the recent issues of the *Medical Arena*. But poetry—well, well, who reads medical poetry nowadays? Even some of Helmut's most impassioned lines fail of a second reading. We (individually, not editorially) have probably never fully recovered from the newspaper-man's distaste for poetry, and which was rubbed into us in our former and earlier life on the press. Without doubt, poetry is the concretion of beautiful ideas set to music, but the medical profession, which is nothing unless very material and matter-of-fact, has little time to read poetry. Of course this will not condemn the art nor result in purchase of one volume less a year of poetry. We wrote some poetry in our youthful years, and we have been afraid ever since to run for Vice President of the United States, fearful lest someone dig up the doggerel and use it to our utter confusion, demoralization, and defeat. There are occasions when a

poem is the proper and perhaps the only form in which language should be cast into ingots. Such, for instance, as the Ode at the Hahnemann Monument unveiling. But when poetry is, ostensibly, in many of the magazines, used only to fill out an otherwise empty page, then it fails of its mission and had better be omitted. Dr. Roby's frequent contributions in poetry have usually great merit, and in what we have had to say concerning poetry in general, published in medical journals, we have no personal reference to himself or his productions.

There exists at Ealing, a suburb of London, as the caprice of a rich man, a toy hospital, to which broken toys may be sent for treatment, and whence they are later distributed to the children of the poor.

[Being in a reminiscent mood, this reminds us that the very first case brought to us after swinging our gold-lettered-japan-sign was a broken leg—of a little girl's doll baby. We mended it as well as we could without iodoform or the later antiseptic precautions. We believe the doll made a rapid and uneventful recovery.]

We read in an advertisement the name of a friend who was senior when we were junior, and who is now in the effete East selling some commercial truck—some patented affair, but lightly connected with the profession. At college this youth was a champion defender of the very highest of high potencies. There was no reasoning with him. When he was settled his letters reported the usual fabulous amount "booked"! Then we lost sight of him until, lo! latterly we found him a sharp and determined upholder and defender of osteopathy. Now he is selling something to make a living withal. This is no slap at the high potencies, nor at osteopathy. But it is a warning to those youths now polishing the college benches not to know too much; to leave their brains open to any little crumbs of wisdom which an undogmatic profession and professor may wish to bestow.

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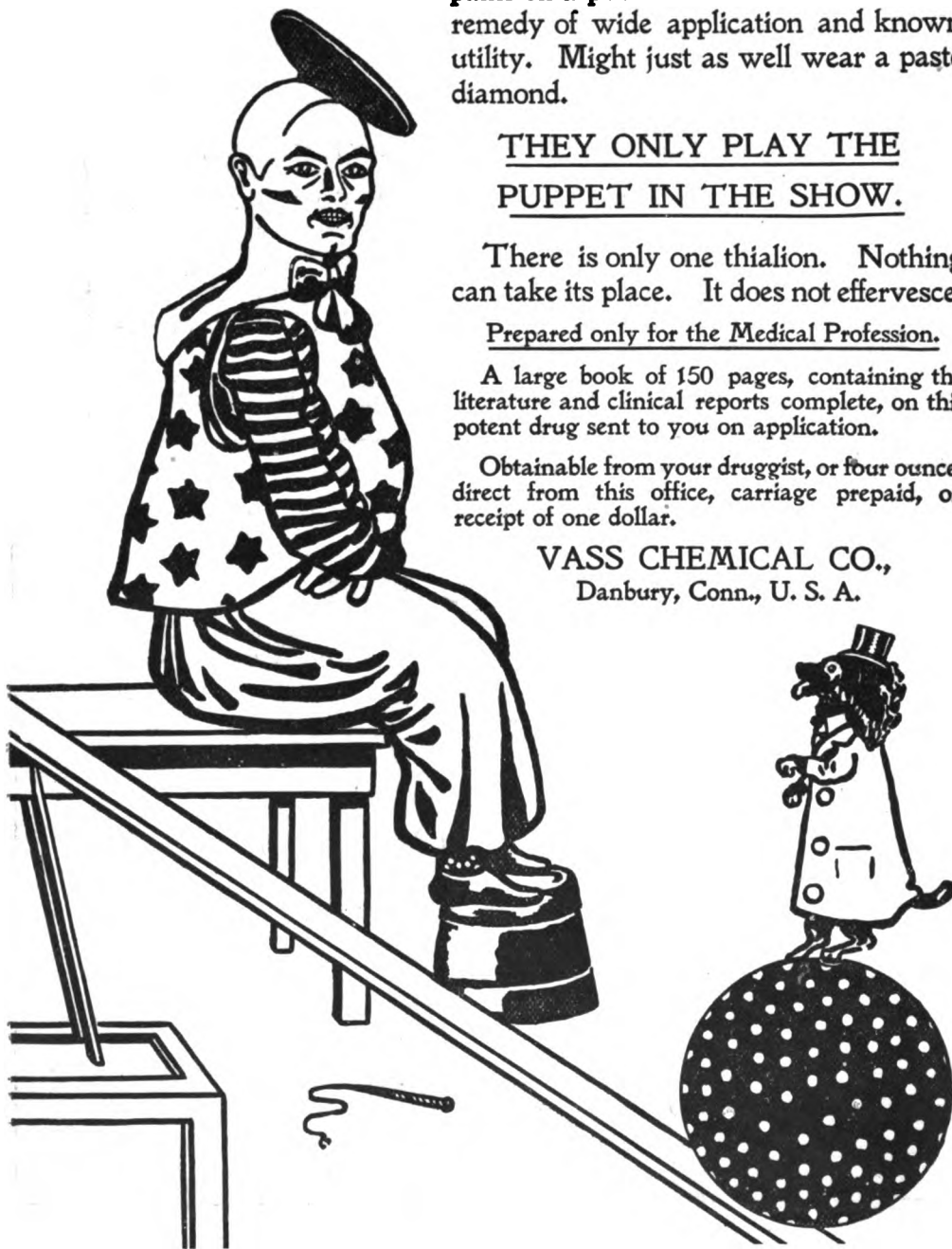
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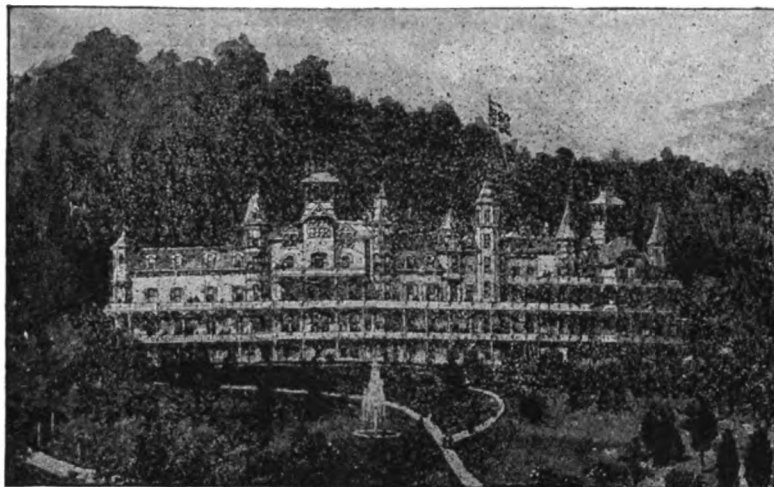
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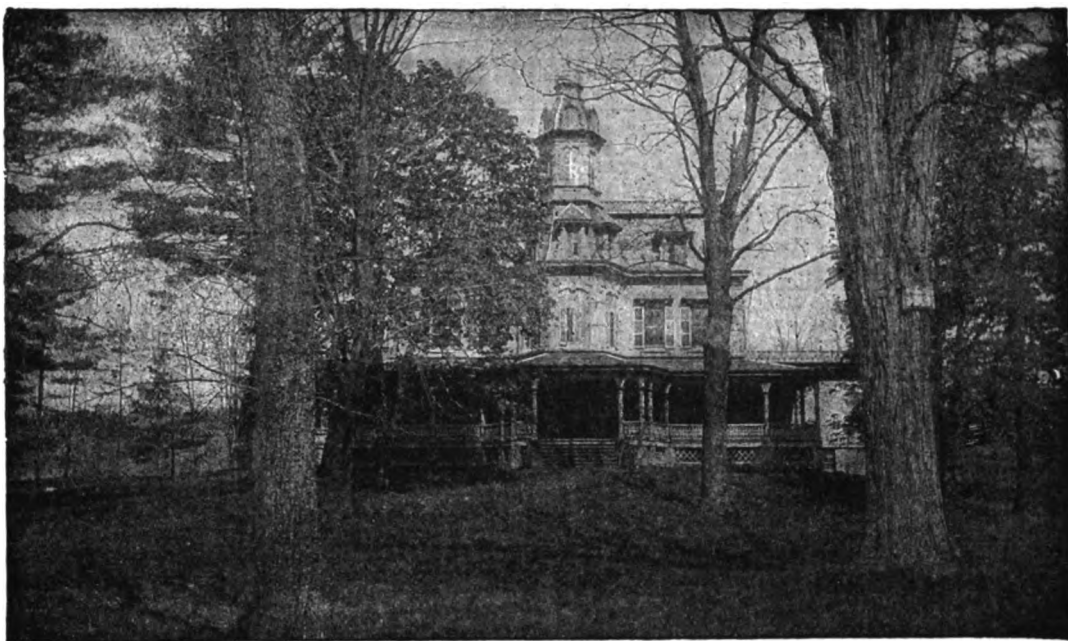
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